

- (2)  For a total of: \$  payable on the:  day of each month  
beginning (date):

Family Codes §§ 4921, 5002  
www.courtinfo.ca.gov

PETITIONER:  RESPONDENT:	CASE NUMBER:
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6. b. (3) ☐ The support order was reduced, pursuant to the low income adjustment, because the Obligor's net monthly income is less than \$1,000.

(4) Any support ordered must continue until further order of court, unless terminated by operation of law.

c. ☐ Obligor must pay child support for the past periods and in the amounts set forth below:

<u>Name</u>	<u>Date of birth</u>	<u>Period of support</u>	<u>Amount</u>
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(1) ☐ Other (*specify*):

(2) ☐ For a total of: \$                      payable: \$                      on the:                      day of each month  
beginning (*date*):

(3) ☐ Interest must accrue on the entire principal balance owing and not on each installment as it becomes due.

d. No provision of this judgment must operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.

e. All payments must be made to (*name and address of agency*):

f. **An earnings assignment order for support must issue.**

g. ☐ Obligor    ☐ Oblige must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and keep the local child support agency informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health care services for the children; and (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health care services for the children. If the "Obligor" box is checked, a Health Insurance Coverage Assignment must issue.

h. Both parents must complete a *Child Support Case Registry Form* (FL-191) and send (deliver or mail) it to the local child support agency within 10 days of the date of this judgment. The parents must notify the local child support agency of any change in the information submitted within 10 days of the change by submitting an updated form.

i. The form *Notice of Rights and Responsibilities and Information Sheet on Changing a Child Support Order* (FL-192) is attached.

j. ☐ Obligor must pay costs of: \$

k. ☐ The court further orders (*specify*):

Date:

7. Number of pages attached: \_\_\_\_\_

\_\_\_\_\_  
JUDICIAL OFFICER OF THE SUPERIOR COURT

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

Approved as conforming to court order:

Date:



\_\_\_\_\_  
(SIGNATURE OF ATTORNEY FOR OBLIGOR)